

# CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

Name (print) **LONNIE L. FEENSTER** State of Nevada  
 Office (if applicable) **NEV. Assembly District #32**  
 Mailing Address (include city and zip code) **7995 PYRAMID HWY SPARKS, NV. 89436** District (if applicable)  
 E-Mail Address **lonniefeenster@netscape.net** Telephone No. **(775) 425-3831**

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL. PRY ☐ IND. EXP ☐ AMENDED ☐ ANNUAL FILING

☐ Annual Filing - Due January 15, 2004  
 Period: January 1, 2003 - December 31, 2003

☐ Report #1 - Due August 31, 2004  
 Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 - Aug. 26, 2004  
 Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 - Aug. 26, 2004  
 All others Period: Jan. 1, 2004 - Aug. 26, 2004  
 Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 - Aug. 26, 2004

☒ Report #2 Due - October 26, 2004  
 Period: Aug. 27, 2004 - Oct. 21, 2004

☐ Report #3 Due - January 15, 2005\*  
 BAGs only: Period: Oct. 22, 2004 - Dec. 31, 2004  
 Period: Oct. 22, 2004 - Dec. 5, 2004

☐ Annual Filing - Due January 15, 2005  
 Period: January 1, 2004 - December 31, 2004

\* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2

**FILE**  
**OCT 27 2004**  
**DEAN HELLER**  
**SECRETARY OF STATE**  
 FOR OFFICE USE ONLY

## CONTRIBUTIONS SUMMARY

- Total Monetary Contributions Received in Excess of \$100
- Total Monetary Contributions Received of \$100 or Less

This Period

Cumulative From Beginning of Report Period #1 through End of This Reporting Period

150	3320
605	1369

This Period

Cumulative From Beginning of Report Period #1 through End of This Reporting Period

- Total Amount of Monetary Contributions Received (Add Lines 1 and 2)
- Total Value of In Kind Contributions Received in Excess of \$100

0	0
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755	4689
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## EXPENSES SUMMARY

- Total Monetary Expenses Paid in Excess of \$100
- Total Monetary Expenses Paid of \$100 or Less
- Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)
- Total Value of In Kind Expenses in Excess of \$100

0	0
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1,345 <sup>86</sup>	2,183 <sup>54</sup>
319 <sup>03</sup>	984 <sup>71</sup>
1,664 <sup>89</sup>	3,168 <sup>25</sup>

## AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

*Lonnie L. Feenster*

10/29/04  
 Date

**CAMPAIGN CONTRIBUTIONS**

Lonnie Feemster  
Name (print)

NEVA  
Office (if applicable)

Report Period # 2

NEVADA 8 STATE ASSEMBLY District #32  
(if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100  
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

[illegible]

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**CAMPAIGN EXPENSES**

Report Period # 2

Name (print) Lonnie Feemster NEVADA STATE ASSEMBLY District #32  
 Office (if applicable) \_\_\_\_\_  
 District (if applicable) \_\_\_\_\_

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

[illegible]

**IN KIND CAMPAIGN CONTRIBUTIONS**

Report Period #7

Report Period # 2

Name (print) Louie Feemster NV State Assembly District # 32

Office (if applicable)

District (if applicable)

Office (if applicable)

IN KIND

**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100  
Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary**

[illegible]


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Office (if applicable)

District (if applicable)

**Expenses in Excess of \$100**  
**Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary**



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## CAMPAIGN EXPENSES

Report Period # **2**Name (print) Lonnie Feemster

Office (if applicable)

Assembly # 82

District (if applicable)

## Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

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